

preceding terms.
Employee Signature

WASHINGTON GUARANTEED EDUCATION TUITION PROGRAM

P.O. Box 43450 Olympia, WA 98504-3450 1-800-955-2318 Fax 1-360-704-6200

Authorization for Automatic Payroll Deduction

Employee: After completing this entire form, make a copy for your records and send the original form back to the Washington State Guaranteed Education Tuition (GET) Program. Please review the reverse side for a checklist on completing this Authorization for Automatic Payroll Deduction Form. If you have any questions when completing this form, call us TOLL FREE at 1-800-955-2318, Monday-Friday, 8:00 a.m. to 5:00 p.m. PST.

p.m. PS1.				
SECTION I. EMPLOYEE INFORMATION				
EMPLOYEE NAME				
Last	First		M.I.	
ADDRESS				
Number and street, including apartment number				
Number and succe, including apartment number		\neg		
City	State Zip			
SOCIAL SECURITY NUMBER (REQUIRED) HOME TELEPHON	*	WORK TELEPHONE		
E-MAIL ADDRESS				
SECTION II. DESIGNATED STUDENT BEN	EFICIARIES	Social Security Number(s)	Deduction Amount(s)	
	Account Number(s) (Required)	(Required)	(\$20 min. per GET Acct	
	(*) (**********************************	(========)	\$	
			\$	
			\$	
			\$	
Authorized Monthly Payroll Deduction Amount (Required)	. The minimum payroll deduct	tion per GET account is \$20.	\$	
SECTION III. ACCOUNT DIRECTION Des			gg.	
	oreu Enecuve Date of Fa	yron Deduction of Chang	ge:	
□ New Payroll Deduction	, 6	0.5	1 . C .: II)	
☐ Change Payroll Deduction Amount: From: \$		_		
☐ Temporary Suspension of Deduction (i.e. Lear				
☐ Department Transfer: From (Dept. Name): _				
☐ Reallocate Deduction Amounts between Designated Student Beneficiary GET Accounts (Must complete Section II)				
☐ Stop Payroll Deduction				
Note: This form will be processed for the date re	quested above or for the firs	t available payroll cycle aft	er receipt in your	
Company's payroll office.	-			
SECTION IV. EMPLOYEE STATUS				
	Т	mal Distance ittant		
<u> </u>	Temporary	nal		
SECTION V. EMPLOYER INFORMATION				
COMPANY NAME		DERT #	CUDDEDT #	
CONFANT NAME		DEPT. #	SUBDEPT #	
PAYROLL/BENEFITS OFFICE TELEPHONE EXTENSION				
Luca de de National Germania	1			
Important Notes: If your GET account(s) is (are) not alread the \$50 enrollment fee. This form supersedes any current	· ·	_	_	
deduction will not be taken for one or more pay periods an	_			
deduction will not be taken for one or more hav nerious an	ld to make alternative navment a	arrangements. Pavments not re	eceived by month-endma	

In signing this form I am requesting that payroll deduction be established or modified as indicated in Sections II and III above and agree to the

Date

Checklist for Employee			
	If you already have an account(s), did you put your GET Account number(s) on the form? If you do not have an account, did you attach an Enrollment Form along with the \$50 enrollment fee?		
	Did you list your Agency Name and Agency Payroll/Benefit office telephone number in Section V?		
	Are your deductions in Section II for a minimum of \$20 for each GET account? Did you use whole numbers?		
	Did you write the total of your deductions in the Authorized Monthly Payroll Deduction Amount box of Section II?		
	Did you indicate your desired effective date for the payroll deduction or change to take effect in Section III? Did you mark the desired action in Section III?		
	Did you sign exactly as your name appears on the form?		
After completion of this form, make a copy for your records and send the original to the GET program.			
GE	T Program – Payroll Deduction		
PO Box 43450			
Oly	ympia, WA 98504-4350		
If you have questions call 1-800-955-2318.			
If you wish to increase or decrease your deduction, or to change the amount of the deduction for one or more beneficiaries, complete a new form with the new information and send it to GET. Make sure that Section II is completed accurately and that it matches any amount shown in Section III.			